Suraksha Yojana (PMSSY) the Government has decided to set up six AIIMS like institutions in under served-States and also to upgrade 13 existing Government Medical College / Institutions in ten States. Further, the Government encourages setting up of new college in the Government as well as private sector and also increase in intake capacity of medical students. The Government is also exploring the possibilities to allow utilization of district hospital as teaching hospital by the promoter of private medical colleges under public private partnership model in the underserved areas in the country and National Rural Health Mission (NRHM) focused States.

Under NRHM, all PHCs are envisaged to be strengthened by upgrading single doctor PHC to 2 doctors PHC by posting of AYUSH practitioners and skilled nurses at PHC level. The States are encouraged to appoint doctors, specialists and paramedics on contractual basis. Multi-skill training of doctors and in-service training of ANMs / Nurses is being done. The States have been requested to strengthen their nursing cadre. Requirement of funds for establishment/strengthening of nursing and Auxiliary Nurse Midwife (ANM) schools, as incorporated in the Programme Implementation Plan (PIP) of some States under NRHM (2006-07) has been approved. Strategic frame work has been prepared to meet shortage of nurses in future in the following manner:-

i) Establishing Auxiliary Nurse Midwifery (ANM) and General Nursing and Midwifery (GNM) schools in those districts (230) which are not having both these training programmes.

ii) Establishing post graduation Nursing [M. Sc. (Nursing)] Institutions.

iii) Developing Cadre of nurse midwifery practitioners and establishing training institutions.

Blindness control programme in Maharashtra

851. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Maharashtra is the forerunner in the National Blindness Control Programme;

(b) if so, how many Ophthalmic Regional Institutes are in existence there at present and how many more have been/are being sanctioned to Maharashtra;

(c) whether it is also a fact that number of cases of blindness is more in rural and tribal areas than the urban areas; and

(d) what strategies are being planned by Government to combat this?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Maharashtra is one of the best performing States in respect of National Programme for Control of Blindness (NPCB) keeping in view the performance indicators like Cataract Surgeries, School Eye Screening Programme, Collection of Donated Eyes etc. under the Programme.

(b) At present, there is no Regional Institute of Ophthalmology in existence in Maharashtra under NPCB. It has been proposed to provide assistance for upgradation of one of the Medical Colleges as Regional Institute of Ophthalmology in Maharashtra during the Eleventh Five Year Plan under NPCB.

(c) As per the Report on National Survey on Blindness and Visual Outcomes after Cataract Surgery, individuals residing in the rural areas had significantly higher rates of blindness and low vision compared to their counterparts staying in the urban areas. Separate data in respect of cases of blindness in tribal areas is not available under NPCB.

(d) The following strategies have been planned by Government to combat blindness:-

1. Setting up of State/District Health Societies (NPCB) in States/UTs;
2. Providing Eye care facilities to the needy people at Primary, Secondary and Tertiary levels through Primary Health Centres, District Hospitals, Medical Colleges and Regional Institutes of Ophthalmology;
3. Strengthening of Eye Banks in Government/Voluntary Sector;
4. Financial support to NGOs for strengthening existing infrastructure for Eye care.
5. Organizing Eye Donation Fortnight from 25th August to 8th September every year to promote eye donation;
6. Screening of school children for detection of refractive errors and providing free spectacles to poor children;
7. Training to Eye Surgeons from Government Hospitals and Medical Colleges for quality eye care;
8. Intensification of IEC activities to create awareness about eye care activities;
9. Support for construction of dedicated Eye Wards and Eye Operation Theatres in NE States and few other States;
10. Setting up of Mobile Ophthalmic Units linked with Tele-Ophthalmology Network in NE States and other hilly States;
11. Support to Non-Governmental Organizations for cataract and other eye diseases like diabetic retinopathy, glaucoma management, childhood blindness, etc.;
12. Involvement of private practitioners for management of eye diseases.

Disease due to silica dust

852. SHRI VIJAY JAWAHARLAL DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Bhil, Bhilala tribals are falling prey to incurable diseases after exposure to silica dust by quartz crushing units in Gujarat;

(b) if so, whether any survey has been conducted in the States like Gujarat, Madhya Pradesh, etc. to know the magnitude of this on going problem;

(c) whether National Human Rights Commission and the Supreme Court are also seized of the matter; and

(d) what is the holistic and long-term planning of Government to effectively deal with this incurable but preventable disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per Indian Council of Medical Research the workers exposed to silica